

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 4/3    | 8/25/01  |
| FORMALITY REVIEW          | HS       | 937    | 99/28-01 |
| RESPONSE FORMALITY REVIEW | HS       | 866    | 12-13-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 4/20/01 |
| 2              | 4/20/01 |
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| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
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